## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N9500006021 (8)

UNITY SOUTHERN BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

## FILED May 05 1997 8:00am Secretary of State



1824 SPRINGFIEL IACKSONVILLE F		P.O. BOX 2486 JACKSONVILLE FL 32203-2486						
					3. Date Incorporated or Qualified 12/18/1995		te of Last 5/06/19	
2. Principal P	Place of Business Lane Av. Suite #308	2a. Mailing Address	<u> </u>		4. FEI Number			Applied For
211		3824 Springfield Blvd.			59-3336796			Not Applicable
Sulte, Apt.	Suite #308	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required
20	onville,FL.	City & State  Jacksonville, FL.			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip 322'		Zip 32206	Goun 30	try	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes X No			
·	9. Name and Address of Curren	t Registered Agent		<u></u>	10. Name and Address of New Re	gistered A	lgent	
			1	1 Name				
POLLOCK, GLENN J 3824 SPRINGFIELD BOULEVARD					Address (P.O. Box Number is Not Acceptat	ole)		
JACKSON	IVILLE FL 32206		]8	3				
			1	4 City		FL	85 Zi	p Code
office or r agent. I a	to the provisions of Sections 617,0502 registered agent, or both, in the State im familiar with, and accept the obligations are supported to the college of	2 and 617.1508, Florida State of Florida. Such change was tions of, Section 617.0503, F	utes, the abo s authorized Florida Statu	ve-named by the corp les.	corporation submits this statement for the population's board of directors. I hereby accept	ourpose of of the appo	changing pintment a	its registered as registered
SIGNATURE .	Signature, typed or printed name of registered ager	I and little if applicable (NC	D1F Registered	geni s gnalure	required when reinstating)	DATE		<del></del>
12.	OFFICERS AND		13.	<del></del>	ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	ORS IN 12
TITLE	D	DELETE	1.1 TITL	1	D/P		<b>X</b> Change	Addition
NAME	POLLOCK, GLENN J	_	1.2 NAN	E	Pollock, Glenn J			
STREET ADDRESS	3824 SPRINGFIELD BOULEVAR	D	1.3 STR	ET ADDRESS	3824 Springfield Blvd.			•
CITY-ST-ZIP	JACKSONVILLE FL 32206	- Dougre		-S1-ZIP	Jacksonville,FL. 32206		V o	1.100
TITLE	D	DELETE	21 TITL	1	D/S		X Change	e 🔲 Addition
NAME STREET ADDRESS	MCBRIDE, VIVIAN T 8306 TUBMAN CT.		2.2 NAM		McBride , Vivian T 399 Crystal Street			
CITY-SY-ZIP	JACKSONVILLE FL 32209				Jacksonville, FL. 32205			
TITLE	D	DELETE	3.1 TITE	-31-21	D/T		X Change	Addition
NAME	POLLICK, JUANA		3.2 NAM	1	Pollock, Juana M		•	
STREET ADDRESS	3824 SPRINGFIELD BOULEVAR	D	3 3 STR		3824 Springfield Blvd.			
CITY-ST-ZIP	JACKSONVILLE FL 32206		3 4. CIT		Jacksonville, FL. 32206			
TITLE		☐ DELETE	4.1 THE		D/Tr		Change	Addition
NAME			4. 2 NA		Hollingsworth, Hollis			
STREET ADDRESS				ET ADDRESS	815 Baker Av. Jacksonville, FL. 32209			
CITY-ST-ZIP		☐ DELETE		- S1 - ZIP	Jacksonville, FL. 32209	)	Channe	Addition
TITLE		☐ Derett	5 1 TITL	1			[] Change	e [] Addition
NAME STREET ADDRESS			5.2 NAM	ET ADDRESS				
CITY-ST-ZIP				- ST-ZIP				
TITLE		DELETE	6.1 TITL				Change	Addition
NAME			6.2 NAM					
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP				-ST-ZIP				
	<del></del>				L			

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.